

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1482

49 1. PLACE OF DEATH
County Jefferson Registration District No. 412
Township Albion Primary Registration District No. 5570
City Galatburg (No. _____ St. _____ Ward _____)

2. FULL NAME Marcell Ganavan
(a) Residence, No. Galatburg Mo St. _____ Ward _____
(Usual place of abode) 20 Jess and Jefferson (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 = 1863

7. AGE YEARS 68 MONTHS 2 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Home Co. Mo

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

15. MAIDEN NAME 11

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Her Daughter Hoozer

18. BURIAL, CREMATION, OR REMOVAL PLACE Galatburg DATE Jan 25 1932

19. UNDERTAKER (ADDRESS) Porter M. Clark

20. FILED 1/23 1932 Alfred E. Scafe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1932 to Jan 21 1932
I last saw her alive on Jan 21 1932 Death is said to have occurred on the date stated above, at 3:25 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 1-8

Other contributory causes of importance: 108

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 1

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) D. A. Early Jr. M. D.
(Address) Albion Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

